

| | | |
|-----------|---|---|
| PLAINTIFF | HASSAN CRAWFORD 2012 APR -3 PM 3:14 | COURT CASE NUMBER <u>L-12-552</u> |
| DEFENDANT | <u>PORTFOLIO RECOVERY ASSOCIATES</u> | TYPE OF PROCESS <u>S/C Summons and Complaint</u> |
| SERVE | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>PORTFOLIO RECOVERY ASSOCIATES</u> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>120 CORPORATE BLVD. NORFOLK, VA 23502</u> | |
| AT | | |

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

| | |
|---|--|
| Number of process to be served with this Form - 285 | 1 |
| Number of parties to be served in this case | 1 |
| Check for service on U.S.A. | <input checked="" type="checkbox"/> <i>N/A</i> |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

120 CORPORATE BLVD
NORFOLK, VA 23502

MONDAY-FRIDAY
9 a.m.-4 p.m.

Signature of Attorney or other Originator requesting service on behalf of:

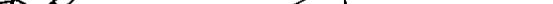
By Hassan Abdul HASSAN CRAWFORD

PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

| | | | | | |
|--|---------------|-------------------------------------|------------------------------------|--|-------------------------|
| I acknowledge receipt for the total number of process indicated. <i>(Sign only first USM 285 if more than one USM 285 is submitted)</i> | Total Process | District of Origin No. <u>37</u> | District to Serve No. <u>37</u> | Signature of Authorized USMS Deputy or Clerk  | Date <u>03/14/12</u> |
|--|---------------|-------------------------------------|------------------------------------|--|-------------------------|

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above. (See remarks below)

Name and title of individual served (*if not shown above*) A person of suitable age and discretion then residing in the defendant's usual place of abode.

| | | | |
|---|-------------------------------------|------|----|
| Address (complete only if different than shown above) | Date of Service | Time | am |
| | 03/20/12 | | pm |
| | Signature of U.S. Marshal or Deputy | | |

| Service Fee | Total Mileage Charges <i>(including endeavors)</i> | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal or | Amount of Refund |
|-------------|---|----------------|---------------|------------------|--------------------------------|------------------|
| \$8.00 | | | \$8.00 | | | |

REMARKS: Mailed certified, return receipt #70111570 0000 9946 8893,
service was accepted on 03/20/2012.

SENDER: COMPLETE THIS SECTION

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- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PORTFOLIO RECOVERY ASSOCIATES
120 CORPORATE BLVD.
NORFOLK, VA. 23502
L-12-552 KMZ

2. Article Number

(Transfer from service label)

7011 1570 0000 9946 8893

PS Form 3811,,

102595-02-M-1540

7011 1570 0000 9946 8893

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com**OFFICIAL USE**

| | | |
|---|----|-------|
| Postage | \$ | |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | \$ | 11.15 |

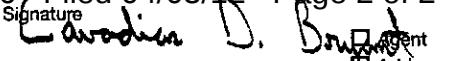
Postmark
Here

Sent To
 Street, Apt. No.
 or PO Box No.
 City, State, Zip

PORTFOLIO RECOVERY ASSOCIATES
120 CORPORATE BLVD.
NORFOLK, VA. 23502
L-12-552 KMZ

PS Form 3800

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent
 Addressee

X
 B. Received Name

C. Date of Delivery

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

| | |
|--|---|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee)

 Yes